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## APPLICANTS

John David Fraser, Meadowbank, NEW ZEALAND;

Melissa Joy Nicholson, Cambridge, MA;

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/251,243 12/04/2000 *cy OR*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *cy OR*

NEW ZEALAND PCT/NZ01/00269 12/04/2001

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* SMALL ENTITY \*\*

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Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY NEW ZEALAND	SHEETS DRAWING 5	TOTAL CLAIMS 36	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>Examiner's Signature</u> <i>cy</i> Initials				

## ADDRESS

26161  
 FISH & RICHARDSON PC  
 P.O. BOX 1022  
 MINNEAPOLIS , MN  
 55440-1022

## TITLE

Immunomodulatory constructs and their uses

FILING FEE  RECEIVED 621	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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